

**VOC & Toxics Compliance Test Protocol**  
**Indiana Department of Environmental Management**  
**Office of Air Quality/Compliance Data Section**  
**100 North Senate Avenue, Post Office Box 6015**  
**Indianapolis, IN 46206-6015**  
**Phone: 317/232-8338 Fax: 317/233-6865**

<b>Date Prepared:</b>		<b>Proposed Test Date:</b>		<b>Plant Address:</b>		<b>Plant Location:</b>	
<b>1. SOURCE INFO: ID/Permit No.:</b>				<b>5. Select Applicable Program:</b>		<b>AGENCY USE ONLY:</b>	
<b>Company:</b>				<b>Title V: FESOP:</b>		<b>Date Received:</b>	
<b>Mail Address:</b>				<b>SSOA: MSOP:</b>		<b>Inspector: Approval Date:</b>	
<b>City, State, Zip:</b>				<b>Other:</b>		<b>Reviewer: Comments:</b>	
<b>Contact: Phone:</b>							
<b>2. TEST COMPANY INFORMATION</b>							
<b>Name:</b>							
<b>Address:</b>							
<b>City, State, Zip:</b>							
<b>Contact: Phone:</b>							
<b>3. PROCESS INFORMATION (Submit a Separate Form for Each Unit)</b>				<b>6. SAMPLE SITE LOCATION</b>			
<b>Unit to Test:</b>				<p><b>Does sample port location meet 40 CFR 60, Appx. A, Method 1, Sec. 1.2 Requirements:</b>    Yes    No</p> <p><b>If No, explain:</b></p> <p><b>Approximate Stack gas flow (ACFM):</b></p> <p><b>Approximate Stack gas temp (deg. F):</b></p> <p><b>Approximate Stack gas moisture (%):</b></p>			
<b>Max. Rated Capacity:</b>							
<b>Proposed Operating Speed:</b>							
<b>3a. Describe Method Used to Determine Operating Level:</b>							
<b>Pollution Control Equipment:</b>							
<b>3b. Process Description:</b>				<b>7. REASON FOR TEST:</b>			
<b>3c. List and Describe Organic Raw Materials Used in Process:</b>				<b>Operating Permit:</b> Yes    No			
<b>3d. Person Responsible for Recording Process &amp; Control Equipment Data:</b>				<b>Construction Permit:</b> Yes    No			
<b>Fuel Type:</b>				<b>If yes, Unit Start Up Date:</b>			
<b>4a. TEST INFORMATION</b>				<b>State Agreed Order No.:</b>			
<b>Method 1-4</b>				<b>Title V:</b> Yes    No			
<b>Method 18</b>				<b>Compliance with 326 IAC NSPS 40 CFR 60 Subpart ____:</b> Yes    No			
<b>Method 23</b>				<b>Other (EPA, CD, State, 114):</b>			
<b>Method 24    24A</b>				<b>326 IAC 3-6-2(a) requires this completed form to be submitted 35 days prior to the proposed test date to the above address. 326 IAC 2-1.1-7(6)(B) requires any applicable test fee to be submitted with the protocol. (FEE NOT APPLICABLE IF PROGRAM IS FESOP, TITLE V OR VE TESTING ONLY.)</b>			
<b>Method 25    25A    25B    25C</b>							
<b>Other:</b>							
				<b>4b. Capture Efficiency Testing</b>			
				<b>Test Information    No. Runs    Time</b>			
				<b>Permanent Enclosure Method:</b>			
				<b>Temporary Enclosure Method:</b>			
				<b>Data Quality Objective Method:</b>			